Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Rathfredagh Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	28 March 2023
Centre ID:	OSV-0003449
Fieldwork ID:	MON-0030381

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rathfredagh Cheshire Home consists of a large two-storey building and a smaller one-storey building located adjacent to each other in a rural area within a short driving distance to a nearby town. Both buildings are comprised of apartment style individual accommodations. The centre can provide for a maximum of 21 residents consisting of full-time residential support for up to 18 residents and respite support for up to three residents. Each resident in the centre has their own bedroom and other facilities throughout the centre include offices, bathrooms, dining rooms, kitchens, a laundry room, a prayer room and store rooms amongst others. The centre supports residents of both genders with physical, neurological or sensory disabilities. Residents are supported by care support staff, nurses, a community services coordinator and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 March 2023	09:40hrs to 17:30hrs	Laura O'Sullivan	Lead
Tuesday 28 March 2023	09:40hrs to 17:30hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

From what the inspectors observed, there was evidence that the residents in this centre had a good quality life in which their independence was promoted. Some improvements were required regarding the up keep and maintenance of the property which the provider had identified. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider. The inspectors observed that residents and their families were consulted with regarding the running of the centre and played an active role in decision making within the centre.

The centre is located in a rural setting a short drive from a nearby town, comprising of one large two-story building and adjacent a smaller one story building. Both buildings incorporated individual apartment style living accommodations and communal areas. A number of apartments had a kitchenette where the residents could prepare food or snacks if they wished. The larger centre had access to a large communal dining room where meals were served via a connecting kitchen. The larger building accommodates up to eighteen residents, with three of these bedrooms used to facilitate respite services. The smaller building has five apartments.

The centre consisted of a number of recreational rooms which residents could utilise at their discretion. This included a prayer room, a number of sitting rooms and an indoor smoking area. A physiotherapy room was available for residents to utilise. A hydrotherapy pool was currently out of service with a plan in place to ensure this was again available for residents in the near future.

On the morning of the inspection, the inspectors completed a walk around of the larger building. A number of residents were observed in the dining room having breakfast. The inspectors met with a resident who was watching mass in one of the communal sitting room and another resident who was watching television in the smoking room, these residents appeared relaxed and comfortable. The inspector met one resident playing a game on their computer in their apartment, they told the inspectors they were very happy and they would be going out in the afternoon to the local town.

Later in the afternoon, an inspector met with other residents living in in the larger building. Five residents showed an inspector their individual apartments and the inspector had the opportunity to have discussions with the residents individually during this time. The apartments were seen to be clean, warm, homely and decorated in line with the residents preferences. The inspector spoke to each resident about their plans for the day, which included watching some racing and placing bets, going for a walk on the centre's grounds, attending a planned activity and listening to music. One resident showed an inspector the game of bridge they were playing on their computer. Another told the inspector about their day service and men's shed they attend. Residents identified to the inspectors that the staff

were good to them and if they had any concerns they would report them to staff and management.

A resident discussed with an inspector about their life previously living in the community and how they would not have the same supports as they currently have in the centre if they were to return to living in the community. One resident, who had transitioned to the centre in the previous year spoke with an inspector and told them that they liked their home and that the staff in the centre were good to them. This resident expressed a preference to return to their family home, but expressed to the inspector that this was not due to any issue they had with the centre itself. Staff were observed engaging with the residents in a positive, respectful and knowledgeable manner. Residents were seen to be comfortable to move about their own home. Where residents required assistance mobilising, inspectors observed that appropriate supports were offered to ensure that residents had an opportunity to move around the centre and spend time in different areas of the centre throughout the day. For example, an inspector observed a resident had a button press devise to open the front door of their apartment independently. All resident wore a call button to allow them to gain assistance from staff if required.

Later on in the inspection, both inspectors had the opportunity to visit the smaller building of the designated centre. As previously mentioned this building consists of five apartments and a communal area. Here the inspectors met with the residents and visited four of the apartments. This building was observed to be warm, clean and homely. Again the apartments were individualised to the preferences of the residents and had adequate storage facilities. The residents spoken to were happy and complimented the staff on the care and support they receive. One resident complimented the choice and quality of the food they receive. Another showed the inspector their pet bird who they cared for in their apartment and spoke of recommencing the activity of social farming.

Throughout the day it was observed residents were being supported to go out into the community and attend day services with staff support and the transport available in the designated centre. The inspector met and spoke with twelve residents during the course of the day. Residents appeared very comfortable in staff company. Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including home visits, video and telephone calls. Residents were supported to engage in meaningful activities in the centre. Each of the residents were engaged in an individualised programme coordinated from the centre which it was assessed, best met the individual resident's needs. The provider had a community coordinator and a clinical nurse manager 1 (CNM1) who supported the person in charge and who worked with residents in the centre. Examples of activities that residents engaged in included, walks within the grounds of the designated centre and to local areas, drives, arts and crafts, eating out in local restaurants, board games, jigsaws, massage, gardening. One resident had a keen interest in music and proudly spoke with the inspectors of their love of music and their very large collection of cd’s.

The most recent annual review for this centre included consultation with residents

and their family members about their satisfaction with the centre. Overall, the feedback contained in this was positive. Resident's had expressed during this consultation that they felt safe and had choice in the centre. One resident indicated they would like to get out more in the evenings and weekends, the inspector spoke to this resident during the inspection and they were happy as they had a personal assistant to support them with more activities in the community. Family members were indicated to be happy with the service provided to their relatives. They also expressed if they had a concern they were aware of the process to follow and were assured this would be adhered to.

The next two sections of the report present the finding of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection completed within the designated centre Rathfredagh Cheshire home. The inspection was completed to monitor ongoing compliance to the Health Act 2007 and to assist in the decision to renew the registration of the centre for a further three year cycle. They centre overall, evidenced a high level of compliance where through effective governance systems and oversight the residents were provided with a safe and effective service. The governance team implemented measures on the day of the inspection where some non-compliance's to the standards were highlighted.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operations of the centre. They were supported in their role by a CNM1 and a community co-ordinator. The person in charge reported directly to the person participating in management. Members of the governance team met with on the day of the inspection had an awareness of the support needs of residents and of the centre.

The provider had had ensured the implementation of the regulatory required monitoring systems. An annual review had been completed for 2022, of the quality and safety of the service provided. Unannounced visits, to review the safety of care, were completed by the delegated person on a six monthly basis as required by the regulations. The last provider unannounced visit had taken place at the beginning of March 2023. Residents and their representative were consulted with, and any concerns addressed as part of adjoining action plan.

The person charge and onsite governance team also completed a number of other audits and checks to drive service improvement. These included, in areas such as restrictive practice, medication management and health and safety. The information gathered in these were used to inform an action plan, which included a responsible person to complete action and timeline. There was evidence that actions were taken to address issues identified all monitoring tools.

The person in charge ensured there were regular staff meetings held in the centre. These were completed separately as identified by staff position, for example staff meetings took place for nursing staff, care support workers and relief staff separately. On review of the minutes of these meeting there was evidence that information sharing was not consistent throughout these meetings. For example, in one month of meeting minutes viewed identified to the nursing staff team the importance of completing the fire checklist in the fire book, whereas the care support team minutes included discussion on fire drills, evacuation procedures and documentation. Evidence of shared and consistent learning at these meetings was not always evident.

The registered provider had ensured the appointment of appropriate staffing numbers and skill mix to the centre. However, the staff rota did not correspond to the staffing as set out in the statement of purpose. The staff rota also did not clearly show the staff who were on duty in the centre on daily basis. This included the members of the governance team and the allocation of relief staff members. The staff rota was reviewed by the provider on the day of the inspection to ensure this clarity was present moving forward.

The person in charge had ensured the staff allocated to the centre were facilitated and supported to attend the training deemed mandatory for the centre. This training was in line with the assessed needs of the residents currently residing in the centre. There was a schedule in place to ensure that all training was refreshed as required. The person in charge had also implemented measures to ensure that staff were supervised appropriately in accordance with the organisational policy. This was an opportunity for staff to raise any concerns and to discuss such areas as training or delegated duties.

The registered provider also had a directory of residents in place which was viewed by the inspectors. However, it was seen that it did not contain all of the required information as per the regulations under Schedule 3. The directory of residents viewed on the day of the inspection did not contain the marital status of the residents and the date of admission to the service. This was identified to the person in charge on the day of the inspection.

A complaints policy was present within the centre giving clear guidance to staff in relation to the complaints procedure. Details of the complaints officer was accessible in the centre. A complaints log was maintained by the person in charge. The inspector spoke to a number of residents who indicated they would talk to a staff member if they had a complaint or concern.

The next section of the report will reflect how the management systems in place

were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. They were employed in a full time capacity

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the allocation of the appropriate staff numbers and skill mix to the meet the assessed needs of the residents currently residing in the centre.

While an actual and planned staff roster was in place, this did not incorporate all staff allocated to the centre including members of the governance team. Also, It was not consistently clear where some staff members were allocated to. This was corrected on the day of the inspection.

The practice of staff meetings being completed in accordance with a role, did not promote continuity of care.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled. Some staff members were seen to be due training for medication management and infection prevention and control, however this training had been scheduled to complete in the coming two weeks.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. However, this document did not included some details set out in Schedule 3 of the regulations. For example the directory of residents did not include marital status and date of admission to the service as set out in Schedule 3.

Judgment: Substantially compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of audits taking place to ensure the service provided was appropriate to the residents' needs. The audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In

addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of the statement of purpose. This document required review to ensure that all information required under Schedule 1 was present and accurate. This included the whole time equivalent of staff allocated to the centre and the current registration conditions.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-read format available for residents to refer to if required. The complaints flow chart was available

Judgment: Compliant

Quality and safety

Rathfredagh Cheshire was a large designated centre located on the outskirts f a rural town. The centre at the time of inspection operated a service to a maximum of 12 residents. Both Full time residential supports and respite was provided to individual availing of the service. The centre presented as a warm homely environment with resident supported to have their individual private areas. The residents presented as very comfortable and content not only in their environment but in the company of staff.

The centre was operated in a manner which respected the rights of the residents. Measures were undertaken to ensure residents were aware of their rights and how to communicate their supports needs to staff. These included regular weekly house meetings to discuss the day to day operations of the centre such as meal planning and activities. Personal plan review meetings were held with each resident to discuss individual topics such as personal goals and wishes. Members of the governance team also met with residents on regular basis to discuss any relevant topics such as safeguarding, privacy and dignity and complaints.

Residents were supported to advocate on their own behalf or if required the assistance and support of an external advocate was sourced and facilitated. Many policies and procedures had been developed in accessible format to facilitate resident engagement in such areas as complaints and finances. These tools were utilised to ensure resident were supported in choice in their daily lives. Residents were supported by the staff team to maintain family contact and relationships. Residents were supported to have family visit them in the centre or to participate in external visits.

The person in charge had ensured that each resident was support to develop and maintain an individualised personal plan. These plans incorporated an annual multi-disciplinary assessment of each residents personal support needs taking into account the individuals preferences and wishes. Residents were supported to develop personal goals during an annual person centred planning meetings with evidence of progression of these goals in place. Goals incorporated community inclusion and independence skills. Residents could participate in this meeting independently or request representatives to attend with them. The choice of the resident was respected.

Guidance for staff was laid in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multi-disciplinary guidance. Staff were observed adhering to support plans in place such as mobilising and communication. Staff spoke confidently of the support needs of resident and how to support them effectively. For example, one resident had specific staff members who could support them in the area of communication and their chosen language.

Residents currently residing in the centre were supported to achieve the best possible health. Individual specific guidance was present for staff to adhere to ensure a consistent approach to medical and multi-disciplinary recommendations. This included in such areas as epilepsy care, diabetes care, skin integrity and manual handling. Where a resident presented as unwell medical advice was sought in a timely manner. In conjunction to this the person in charge had ensured measures in the place reduced the risk of infection. This included staff training in the areas of infection prevention and control and comprehensive cleaning schedules. All staff were observed adhering to the centre level guidance on cleaning and infection control measures.

The centre was evidenced to operate in a manner that ensured the safety of residents. Effective fire safety procedures were in place including regular evacuation drills and the required firefighting equipment. All fire safety systems were tested regulatory by a competent person. The provider had ensured effective processes were in place for the ongoing identification and review of risk within the centre. A risk register had been developed and regular reviewed by the person in charge to ensure the current control measures in place ensured the reduction of the impact and likelihood of the risk.

The person in charge had ensured the systems in place in the day to day operations of the centre ensured residents were protected from abuse. This incorporated such

areas as staff training and awareness. Any concern relating to the protection of residents was reported and investigated in a timely and efficient manner. Residents reported to the inspector feeling safe and knowing who to talk to should this change. The person in charge had also ensured the intimate care needs of residents were set out in their personal plans in a respectful and dignified manner.

Residents were also supported in the area of personal possessions. Each resident had sufficient storage for their personal possessions within their personal space and an area to lock possessions away if they so choose. Each resident was supported in the area of money management reflective of their wishes and support needs. For example, some residents requested full support other requested guidance and support as required in such areas as bill payments.

Regulation 12: Personal possessions

Residents had access to their own personal property and where required supported to manage their own finances.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Resident choice of activities was respected.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

Some work was required to ensure the centre was in good structural and decorative repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to prepare and cook their own food, had choice at mealtimes and that each individual dietary need was supported. There was adequate provisions of food available to residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured the development of a guide for residents currently residing in the centre. This document incorporated the information as required under Regulation 20 including the summary of services provided and the terms and conditions of residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines.The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was support to develop and maintain an individualised personal plan. These plans incorporated an annual multi-disciplinary assessment of each individuals personal needs. Residents were supported to develop personal goals during an annual person centred planning meetings with evidence of progression of these goals in place.

Guidance for staff was laid in a range of areas such as health, social and emotional supports. This ensured a consistent approach to support and adherence to multi-disciplinary guidance.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day to day operations of the centre through keyworker and house meetings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathfredagh Cheshire Home OSV-0003449

Inspection ID: MON-0030381

Date of inspection: 28/03/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 2 staff meetings will be scheduled annually incorporating both Nurses and Care Support Workers to promote the continuity of care within the center.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents has been amended to include the marital status and date of admission, to the service as set out in Schedule 3. This information is also available on the Cheshire IPlanit Care Management system.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose has been amended to include the whole time equivalent of staff allocated to the center and the current registration conditions.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A 12-month maintenance plan is completed annually to ensure scheduled structural and decorative work is completed and maintained throughout each year.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/10/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/03/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	31/12/2023

	internally.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	29/03/2023